

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32931

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Independence Primary Registration District No. 3919
 8 City Independence (No. 139 E White Oak)
 2. FULL NAME Michael J. Mannan
 (a) Residence, No. 139 E White Oak Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10/21</u> , 19 <u>33</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> , 19 <u>33</u> to <u>Oct 20</u> , 19 <u>33</u> I last saw her alive on <u>Oct 20</u> , 19 <u>33</u> Death is said to have occurred on the date stated above, at <u>10:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Carcinoma of uterus</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1854</u>					Date of onset	
7. AGE <u>78</u>	YEARS <u>10</u>	MONTHS <u>4</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.	Other contributory causes of importance <u>AG</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year).....					11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>					Name of operation..... Date of.....	
13. NAME <u>Unknown</u>					What test confirmed diagnosis?..... Was there an autopsy?.....	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Unknown</u>					Manner of injury..... Nature of injury.....	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <u>W. H. Kaurie</u> , M. D. (Address) <u>Licks, Mo.</u>	
17. INFORMANT <u>Bertha Bassin</u> (ADDRESS).....						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Goodlawn</u> DATE <u>10/24</u> , 19 <u>33</u>						
19. UNDERTAKER <u>Haskins Bros</u> (ADDRESS) <u>1729 E. 12th</u>						
20. FILED <u>Oct 24, 1933</u> <u>Dr. J. H. Cook</u> Registrar.						

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